

# VRA Reimbursement Form

Event:

Date of Event:

Amount Approved by VRA:

Total Reimbursement Requested:

What was the money used for? (*Ex: food, babysitting, etc.*)

Who should be reimbursed?

1. Name:

Phone:

Email:

Amount (*if different from total*):

Date Reimbursed:

2. Name:

Phone:

Email:

Amount:

Date Reimbursed:

Please attach all the receipts to this form and leave it in the VRA mailbox in the Village Office. If you have any questions, contact VRA Secretary Maile Urbancic at [vra@berkeley.edu](mailto:vra@berkeley.edu) or by phone at 510-524-2286.